

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/914804	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		2					54						
5		①					55						
6		1					56						
7		①					57						
8		①					58						
9	1						59						
10	1						60						
11		1					61						
12		3					62						
13	1						63						
14		①					64						
15		①					65						
16		①					66						
17	1						67						
18		1					68						
19		1					69						
20		1					70						
21		1					71						
22		①					72						
23	1						73						
24		①					74						
25		①					75						
26			1				76						
27				1			77						
28				1			78						
29				1			79						
30				1			80						
31				1			81						
32				1			82						
33				1			83						
34			1				84						
35				1			85						
36				1			86						
37				1			87						
38				1			88						
39				1			89						
40				1			90						
41				1			91						
42				1			92						
43			1				93						
44				1			94						
45				1			95						
46				1			96						
47				1			97						
48				1			98						
49				1			99						
50				1			100						
TOTAL IND.		↓	3	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓	17	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS			20				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS